

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**14406**

State File No. ....

**FILED MAY 13 1953**

**2172**

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>50 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		<u>3718</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4319 BELL STREET</u>				d. STREET ADDRESS (If rural, give location) <u>4319 BELL STREET</u>			
3. NAME OF DECEASED - R. (Type or Print) <u>ELOF</u>		a. (First) <u>OLSON</u>		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>APRIL 23, 1953</u>				5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			
8. DATE OF BIRTH <u>8/2/1869</u>		9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST (RETIRED)</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SWEDEN</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>OLA NELLSON</u>		13b. MOTHER'S MAIDEN NAME <u>ELNA OLSON</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. MARTINA OLSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MARTINA OLSON, K.C. MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Chronic Interstitial Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>4-13</u> , 19 <u>53</u> , to <u>4-23</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-23</u> , 19 <u>53</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. F. Sewell</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1722 W 39th K.C. Mo.</u>		23c. DATE SIGNED <u>4-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/25/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-24-53</u>		REGISTRAR'S SIGNATURE <u>Shaulding Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>GATES FUNERAL HOME, KANSAS CITY, KANSAS</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

W. M. F. Sewell  
1722 W. 39<sup>th</sup>  
N.A. 5883

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Jimmy S. Hickshorn*  
Licensed Embalmer No. *4092*

P. O. Address

*Missouri, Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.